Waiver and Release of Liability

IN CONSIDERATION of the risk of injury that exists while participating in Blissfield Skating Night (hereinafter the "activity"; and

IN CONSIDERATION of my desire to participate in said Activity and being given the right to participate in same;

I HEREBY, for myself, my heirs, executors, administrator, assigns, or personal representatives (hereinafter collectively, "Releasor," "I", or "me" which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABLITLY and hereby waive any and all rights, claims or causes of action of any kind of arising out of my participation in the Activity; and

I HEARBY release and forever discharge Village of Blissfield, located at 130 South Lane Street, Blissfield, Michigan, 49228, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively "Releasees"), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFORMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIREELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY, ECONOMIC OR EMOTIONAL LISS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY, OR FROM CONDITIONS AT THE ACTIVITY LOCATIONS(S). NONTHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.

I FURTHER AGREE to indemnify, defend and hold harmless the Releasees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf including attorney's fees and any related costs.

I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS 'WAIVER AND RELEASE' AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABLILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE VIllage of Blissfield and all OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIOVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING LEGAL ACTION AGAINST VIllage of Blissfield FOR PERSONAL INJURY OR PROPERTY DAMAGE.

Contact Relationship

Contact Phone

Emergency Contact

<u> </u>	·
I HEREBY CERTIFY that I consent without reservation to the foregoing on behalf of	
Parent / Guardian Name:	
Relationship to Minor:	
Signature:	
Data	